



Statement of Committee Organization

1. Statement Information

Date: ~~1/5/2017~~ 2/19/2017
 Type: New Amended (if amending, enter MEC ID C161385 & section changed 2)

2. Committee Information

Friends of Dan Guenther
 Name of Committee
2316 Cherokee Suite A, St. Louis MO 63118 (314) 304-6797
 Committee Mailing Address, City, State, & Zip Telephone Number
 Official Committee Email Address St. Louis Board of Election Commissioners
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Sara Johnson
 Treasurer's Name (First & Last) 3343 Texas, St. Louis MO 63118
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) (314) 305-6103
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Megan Bennett
 Deputy Treasurer's Name (if one appointed) 1600 Locust Apt 504, St. Louis MO 63103
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Deputy Treasurer's Email Address (optional) (310) 403-5756
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) _____
 Additional Committee Officer's Mailing Address, City, State, & Zip _____
 Connected Organization's Name (if any) _____
 Connected Organization's Mailing Address, City, State, & Zip _____

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Dan Guenther, 3011 Indiana Avenue, St Louis MO 63118 (314) 304-6797 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
3/7/2017 Alderman, City of St. Louis 9th Ward Democrat Support
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
[Signature] [Signature]
 Committee Treasurer Candidate (Candidate Committees Only)